## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## **COMMON CARRIER ANNUAL EMPLOYMENT REPORT**

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	ation																	
<ol> <li>Name and Mailing Address</li> </ol>																		
Kennebec Telephone Co., Inc.														Check here if this				
PO Box 158														is a change of				
Kennebec, SD 5	754	14												addı	ess.			
2. Year Report Filed 3. Reporting Period (Ending Date of Pay Period Covered by Report)									4. Number of Full-Time Employees during Selected									
2017						Reporting a. Fe	Period (check wer than 16 (c	k one): xamplete Sec	tions I. IV. an	d V only)								
SECTION II - Full-Time Empl		reoru	ruary 28, 2017  a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)															
SECTION II - Pull-Time Empi	oyee	s.						No.	iber of Emplo									
Job Categories									oyees in only		)							
									Race/Ethnicity	1								
			anic or		Not-Hispanic or Latino													
		La	IIIIO	Male						Female								
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	A - N		
						Islander						Islander						
		A	В	С	D	E	F	G	н	ı	J	к	Ł	M	N	0		
Executive/Senior Level Officials and Managers	1.1			1						1						2		
First/Mid-Level Officials and Managers	1.2			4												4		
Professionals	2															0		
Technicians	3			2												2		
Sales Workers	4			1												1		
Administrative Support Workers	5									8						8		
Craft Workers	6			10												10		
Operatives	7			1												1		
Laborers and Helpers	8															0		
Service Workers	9															0		
TOTAL	10	0	0	19	0	0	0	0	0	9	0	0	0	0	0	28		
PREVIOUS YEAR TOTAL	11	0	0	24	0	0	0	0	0	10	0	0	0	0	0	34		

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SECTION III - Part-Time Empl	lovee	s.														
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												
		La	IINO			Ma	ale			Female						Total Columns A - N
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Aslan	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	W-14
		A	В	С	D	Е	F	G	н	1	J	К	L	М	N	0
Unicials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5									1						1
Craft Workers	6			3												3
Operatives	7			2												2
Laborers and Helpers	8											,				0
Service Workers	9									2						2
TOTAL	10	0	0	5	0	0	0	0	0	3	0	0	0	0	0	8
PREVIOUS YEAR TOTAL	11	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
SECTION IV - Report of Discri	imina	ition Compl	aints Pursua	nt to 47 CFF	₹ 22,321, 23.5	5, 90.168, 101	l.4, and 101	.311.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																
SECTION V - Certification																
I certify that to the best of my kr					ents in this re			_/	2_							
		d or Printed N d Bowa	Name of Perso	on Signing	Signature Telephone No. (605) 869-2220											
Title of Person Signing President/Manager					WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											